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LONG-TERM SURVIVAL FOLLOWING SAPHENOUS VEIN GRAFT VERSUS NATIVE VESSEL PERCUTANEOUS CORONARY INTERVENTIONS IN THE CONTEMPORARY DRUG-ELUTING STENT ERA

i2 Poster Contributions
Ernest N. Morial Convention Center, Hall F
Monday, April 04, 2011, 9:30 a.m.-10:45 a.m.

Session Title: PCI - Complex Lesions, Multivessel Disease
Abstract Category: 12. PCI - Complex Lesions, Multivessel Disease
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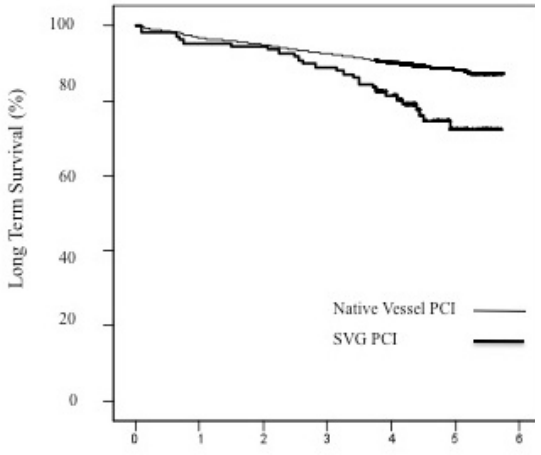
Background: Long-term clinical outcomes following saphenous vein graft (SVG) percutaneous intervention (PCI) in the era of drug-eluting stents (DES) have not been well characterized. We compared in-hospital and long-term outcomes in patients who underwent SVG versus native vessel PCI.

Methods: Using the 2004/2005 Cornell Angioplasty Registry, we evaluated 2,455 consecutive patients undergoing urgent or elective PCI. Mean follow-up was 4.4 1.1 years.

Results: Of the 2,455 study patients, 109 patients (4.4%) underwent SVG PCI, and 2,346 (95.6%) underwent native vessel PCI. The incidence of in-hospital death (1.8% vs. 0.2%, p=0.026) was greater in the SVG PCI group, whereas post-procedural MI (8.3% vs. 6.7% p=0.557), and MACE rates (10.1% vs. 6.9% p=0.247) were similar in the SVG versus native vessel PCI groups, respectively. The incidence of 1-year mortality (4.6% vs. 3.2%, p=0.397) was similar, but long-term Kaplan-Meier mortality (23.9% vs. 11.2%, p=0.0001) was significantly higher in the SVG versus native vessel PCI group, respectively (Figure). After adjustment with multivariate Cox regression analysis, SVG PCI was associated with a trend towards a higher long-term mortality (HR 1.49, 95% CI 0.88-2.53, p=0.141).



Conclusion: SVG PCI is associated with a higher in-hospital mortality and higher 4-year all-cause mortality. In our study this difference in long-term survival was mainly driven by a higher rate of comorbidities in the population that underwent SVG PCI.